

Health Care of HISPANIC/LATINO AMERICAN ELDERS

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Demographic Characteristics

The U.S. Bureau of the Census uses the term “Hispanic” as an ethnicity category referring to persons who trace their origin or descent to Mexico, Puerto Rico, Cuba, Central or South America, or Spain. Hispanics can be of any race. According to the U.S. Census almost 2 in 5 elderly Hispanic/Latinos who speak Spanish only live in a household where no person aged 14 or above speaks English very well. Compared to the other ethnic/racial groups, Hispanic/Latinos have the least number of years of education.

| Cultural Themes | |
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| Familismo | Importance of family at all levels: nuclear, extended, fictive kin (compadres). Needs of family take precedence over individual needs. Mutual reciprocity. |
| Personalismo | Display of mutual respect. Trust building. |
| Jerarquismo | Respect for hierarchy. |
| Presentismo | Emphasis on present. |
| Espiritismo | Belief that good/evil spirits can affect well-being. |

Complementary and Alternative Medicine and Healers

Within the various Hispanic/Latino groups, healing systems/techniques include: curanderismo, espiritismo, and santeria. Healers within these defined systems include curanderos (general practitioners of Mexican folk healing), espiritistas (Puerto Rican faith healers), santeros (Cuban faith healers), yerbistas (herbalists), and sobadores (massage therapists). Prayer and faith is an important value, belief and coping mechanism used by most Hispanic/Latino elders. Prayer and herbal remedies are generally used to complement, but not replace, medical regimens.

Eliciting Patients' Perceptions

When caring for older adults, it is important make an attempt to elicit their own beliefs and attitudes about illness. Doing so provides useful information about over-the-counter medications. In addition, traditional folk remedies play a central role in health for older Mexican-Americans. In many cases, standard prescriptions may be more acceptable if traditional remedies can continue to be taken. Assessing cultural beliefs about illness includes asking about diet, especially if dietary prescriptions are components of traditional healing practices in their culture. For example, maintaining balance by eating or not eating foods defined as “hot” or “cold” is common in many Hispanic/Latino cultures. Some suggestions to facilitate the process are the following:

- Maintain an accepting attitude.
- Let the family and patient know that their ideas are valued in developing the care plan.
- Ask the patient what they think is wrong or causing the problem.
- Ask if the patient thinks that there may be some ways to get better that doctors may not know about.
- Ask if anyone else has been asked to help with the problem.
- Ask the patient what worries them most about their illness.
- Ask why they think they are ill now.

Personal Approach

In many cultures, such as in Mexico, rapport begins through exchange of pleasantries or chit-chat before beginning the business of medical history-taking and physical examination. Older Hispanic-Americans often expect health care personnel to be warm and personal and express a strong need to be treated with dignity.

Other Communication Tips

- As a sign of respect, address older persons by their last name.
- Avoid gesturing because seemingly benign body or hand movements may have adverse connotations in other cultures.
- Take care to evaluate whether questions or instructions have been understood, because some persons will nod “yes” but not really comprehend.
- Outright questioning of authority, including physicians, is taboo in some cultures, so encourage the patient to ask questions.
- Tell the patient that you realize that some things are not normally discussed, but that it is necessary so that the best care can be planned.

Interpretation

The Department of Health and Human Services (DHHS) Office for Civil Rights considers inadequate interpretation a form of discrimination. Older Latino women may be hesitant to talk about breast, gynecological, or sometimes gastrointestinal issues in front of younger members of their own families, especially males.

Use of Standardized Instruments

Utilize instruments which have undergone a vigorous translation and are truly adapted and tested for the Spanish language with the target population.

Social Support

Social support and family caregiving within the context of the Hispanic/Latino elders can include not only nuclear and extended family, but also fictive kin (non-relatives), friends, church members, and neighbors. Social support networks appear to be more available for Hispanic/Latino elders, but more recently, this has been debated.

Death

Hispanic/Latino elders do not make end-of-life decisions autonomously; rather, decisions are made in a familial context usually with reliance on the physician for guidance. Death has been a more naturally accepted process culturally in the Hispanic/Latino communities than others. Religion, faith and spirituality hold an important role in the acceptance of death.

Acculturation

The higher the level of acculturation, the lower the perception of family obligations and the family as a referent. However, perception of family support does not change due to acculturation. Studies have shown that higher levels of acculturation in Hispanic women increase the likelihood for access to certain screenings or healthcare and regular exercise but also increase the likelihood of smoking and heavy drinking.